

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/381079

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		2					56							
7		(1)					57							
8		(1)					58							
9		1					59							
10		2					60							
11		2					61							
12		(1)					62							
13		(1)					63							
14		(1)					64							
15		(1)					65							
16		(1)					66							
17		(1)					67							
18	1						68							
19		1					69							
20		1					70							
21		1					71							
22		1					72							
23		1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.	35						TOTAL DEP.							
TOTAL CLAIMS	37						TOTAL CLAIMS							